NAME (Last, First)  Hospital Record No.											
Address (Street and No.)	City	Cour	county Zip Phone								
Reporting Physician/Nurse/Hospital/Clinic/LabPhone Address Phone											
DETACH HERE and transmit only lower portion if sent to CDC											
CDC NETSS id	County		State	Zip							
Birth Date Age Month Day Year Unk= 999	Age Type 0 = 0-120 years 1 = 0-11 months 2 = 0-52 weeks 3 = 0-28 days 9 = Age Unknown	Race  N = Native Amer.// A = Asian/Pacific I B = African Americ	fic Islander O = Other N = Not Hispanic F								
Month Day Year 2 = 3 =			ciated 1 = Con 2 = Prol 3 = Sus								
Any Cough? Cough Onset		Whoop?	Chest X-ray for Pneumonia								
Y = Yes N = No U = Unknown Month Day Y	Y = Yes N = No U = Unknown	Y = Yes N = No U = Unknown	P = Positive X = Not Done N = Negative U = Unknown	Y = Yes N = No U = Unknown							
N = No	ea? = Yes = No = Unknown Month Day	N = No U = Unknown te	Acute Encephalopathy Due to Pertussis  Y = Yes N = No U = Unknown								
N = No N = No	ation of Cough at Final Interview 0-150 999 = Unknown ays	N CO	Hospitalized?  Y = Yes N = No U = Unknown  Days Hospitalized?  O-998 O-998 O-999-Unknown  V = Yes N = No U = Unknown								
U = Unknown 3 = Clari 4 = Tetra	hromycin (incl. pediazole, ilosone) 6 = 0 imoxazole (bactrim/septra) 9 = U ithromycin/azithromycin cycline/Doxycycline xicillin/Penicillin/Ampicillin/Augmentin/Ce  Days First Antibiotic Actually  0-998 999-Unknown  Days Second Antibiotic Act 0-998 999-Unknown	ctor/Cefixime Faken	P = Positive E = Pendi N = Negative I = Indete	Date Specimen Taken Month Day Year  Vear  RESULT CODES Ing X = Not Done U = Unknown rminate S = Parapertussis							
Vaccinated? (Received any doses of tetanus, and/or pertussis-containing va  Vaccination Date Vaccin Month Day Year Type*	nccines)  N = No U = Unknown		Date First Reported to a Health Department  Month Day Year	Date Case Investigation Started  Month Day Year							
		<u> </u>	Outbreak Related?  Y = Yes N = No U = Unknown  Epi-Linked?  Y = Yes N = No U = Unknown								
OBY		ORMATIC	Outbreak Name (Name of outbreak this case is associated with)  If patient <12 months old:  What was the mother's age at infant's birth:  What was the weight of the infant at birth:								
Vaccine Type	Vaccine Manufacturer Codes										
Vaccine Type Codes  W = DTP Whole Cell A = DTaP - IPV-Hep B A = DTaP - IPV-Hib H = DTaP-Hib H = DTaP-Hib D = DT or Td T = DTP-Hib U = Unknown P = Pertussis Only X = Tdap	C = sanofi pasteur L = Wyeth S = GlaxoSmithKline M = Massachusetts Health Department I = Michigan Health Department N = North American Vaccine O = Other U = Unknown	*Record for each dose	Ib								
Date of Last Pertussis-Containing Vaccine Prior to Illness Onset	Number of Doses of Pertussis Vaccine Prior to Illness Onset	-Containing	5 = Hospital ER 10 = College 15 = Other  Setting (Outside Household) of Further Documented								
Month Day Year	9-Unknown		spread From This Case  Use same codes as for Transmission Settings, except:								
Reason Not Vaccinated With ≥ 3 I  1 = Religious Exemption 2 = Medical Contraindication 3 = Philosophical Exemption 4 = Previous Pertussis Confirmed by Culture	5 = Parental Refusal 6 = Age Less Than 7 Months 7 = Other		7 = >1 Setting Outside Ho 16 = No Documented Sprea  Number of Contacts in Any Recommended Antibiotics	usehold ad Outside Household							

		The info	rmation be but not in	elow is epidemi cluded on NETS	ologica SS scree	lly impo ens.	rant,		
Age of the person from whom this patient contracted pertussis			Age ssis Unk=	999	Age Type  0 = 0-120 years 3 = 0-28 days 1 = 0-11 months 9 = Age unknown 2 = 0-52 weeks			s own	
Setting	In which setting was pertussis acquired?					In which setting was there secondary spread?			
Day Care	(Please specify)					(Please specify)			
School									
Doctor's Office									
Hospital (Ward/Outpatient/Clinic)									
Home									
Travel (International/ Domestic)									
Other									
Unknown									
Name of Contact	Birthdate	Relation to Case- Patient	Case?	Case ID#	Onse	Cough Onset Date (If Present)		Date of Last PCV	Parent's Name and Phone # (If Applicable)
PCV=Pertussis-Containi	ng Vaccine								
Comments	g racee								
Comments									
Clinical Case Definition*: A cough illness lasting ≥	2 weeks with one	of the following	g: paroxysr	ns of coughing, ir	spirator	y "whoop	", or posttu	ssive vomiting,	, without apparent cause
Case Classification*:  Probable: A case that	t meets the clinic	al cas definition	n, is not labo	oratory confirmed	, and is r	not epide	miologicall	y linked to a lal	boratory-confirmed case.
Confirmed: 1) A case to 2) a case to 3) a case to	nat meets the clin	nical case defini	tion and is	e illness of any du confirmed by PCF epidemiologically	R, or			firmed by eithe	er culture or PCR

\*CDC Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997;46 (No. RR-10):39